



APPLICATION FOR PHYTOSANITARY CERTIFICATE
TO: STATE OF NEVADA DEPARTMENT OF AGRICULTURE



DATE OF INSPECTION: _____

Exporter Name and Address (Must be in U.S.)	Ultimate Consignee Name and Address (Must be foreign country destination)
Name of Product:	
Botanical Name of Product:	Number / Description of Containers:
Distinguishing Marks:	
Means of Conveyance:	Press Name/Location:
Point of Entry:	Number of Pounds (Statistical Data):
Send Certificate To:	Billing To:

